

FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>6290</u>	2. Fiscal Year Covered From: <u>1 / 1 / 2004</u> Through: <u>12 / 31 / 2004</u>
3. Name and address of person filing. Name <u>HENRY J TAMARIN</u> P.O. Box, Bldg., Room No., if any _____ Street <u>55 WEST VAN BUREN</u> City <u>CHICAGO</u> State <u>ILL</u> ZIP Code + 4 <u>60605</u>	4. Name, file number, and address of labor organization. Name <u>H.E.R.E.</u> Labor Organization File Number <u>000-31</u> P.O. Box, Building and Room Number, if any _____ Street <u>55 WEST VAN BUREN</u> City <u>CHICAGO</u> State <u>ILL</u> ZIP Code + 4 <u>60605</u>
5. Position in labor organization. <u>INTERNATIONAL VICE PRESIDENT</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed HENRY TAMARIN On 8/12/05 312 663-4373
Date Telephone Number

Name of Person Filing HENRY J. TAMARIN	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name HERE NATIONAL WELFARE PENSION FUND Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 711 NORTH COMMON DRIVE City AURORA, IL State ILL. ZIP Code + 4 60504	9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. <div style="border: 1px solid black; padding: 10px; min-height: 80px;"> TRUSTEE </div> 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. <div style="border: 1px solid black; padding: 10px; min-height: 80px;"> REIMBURSED EXPENSES FOR ATTENDANCE AT FUND TRUSTEE MEETING MARCH, 2004 </div> 12.b. Amount. 859.08

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment. <div style="border: 1px solid black; height: 150px;"></div>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. <div style="border: 1px solid black; height: 20px;"></div>

Name of Person Filing <u>HENRY J. TAMARIN</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>B. Name and address of Business (including trade name, if any).</p> <p>Name <u>ROBERT E JULIANO ASSOCIATES</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any <u>APT 802</u></p> <p>Street <u>1099 22nd ST NW</u></p> <p>City <u>WASHINGTON, DC</u></p> <p>State <u>D.C.</u> ZIP Code + 4 <u>20037</u></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p> <p><u>JULIANO ASSOCIATES IS A CONSULTANT FOR HERE</u></p> <p>11.b. Approximate dollar value of such dealing. _____</p> <p>12.a. Nature of interest held or income received.</p> <p><u>DINNER AND/OR COCKTAILS FEBRUARY, 2004</u></p> <p>12.b. Amount. <u>\$400.00</u></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <p>_____</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. _____</p>



UNITEHERE!



Overnite Mail

August 12, 2005

To: U.S. Department of Labor

From: Henry Tamarin

Enclosed are two LM-30 reports that amend and add to the report I filed on August 5th. That report incorrectly listed my Union as Unitehere for expenses reimbursed pre-merger.

Enclosed is a pre Here LM-30 and a post merger Unitehere LM-30.

Enc.